



CRITICAL TASK?

If checked, follow SWP 27.1 F

Energy Supply Job RISK Briefing Form

EMERGENCY COMMUNICATION

CHANNEL / NUMBER: _____

Prepare, discuss and review the job plan with team before beginning work and when a change is introduced.

| | |
|--------------------|--------------|
| Date: | Work Order # |
| Equipment / Unit: | |
| Location: | |
| HEC Lockbox(es) #: | |

All lone workers must conduct a briefing with your team, supervisor, crew lead, senior operator or person in charge.

Specific Work to be Performed on this Job:

Pre-Job Checklist

Three Planes Check (front & back, side to side, up & down) for hazards conducted?

Yes N/A

Permit needed?

LOTO Yes N/A

Are all associated parts and machinery in a zero-energy state, to avoid harm/injury?

| | | | | |
|---------------------------|-----|--------------------------|-----|--------------------------|
| Electrical Lockout | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Valve Lockout | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Mechanical Blocking | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Hot Work | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Excavation | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Confined Space | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Radiation Work | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Energized Electrical Work | Yes | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Is Fall Protection required?

Yes N/A

Proper Safety Equipment & Tools available?

Yes N/A

Communicated work with other(s) in area?

Yes N/A

| Emergency Equipment Location Identified (Yes or N/A) | |
|---|----------------------------------|
| AED | Shelter in Place / Assembly Area |
| Fire Extinguisher | First Aid Kit |
| Eyewash Station | Safety Shower |
| Exit | Other |

NAMES OF WORKERS RECEIVING BRIEFING:
(Please Print Names Legibly)

You have the responsibility to provide constructive feedback anytime you observe a person performing an activity that could result in injury.

| | |
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| | |

Name of Person Filling Out This Form: _____

The table below gives general guidance on length of time between water breaks and a corresponding hydration target for each hour of work.

| Temperature | Work Level | Maximum Minutes Worked Between Hydration Breaks | Hydration Target |
|-------------|------------|---|-------------------|
| < 80 | Normal | | 8 - 12 oz / hour |
| 80 - 85 | Normal | | 8 - 16 oz / hour |
| 86 - 90 | Normal | 50 | 12 - 20 oz / hour |
| 91 - 95 | Normal | 45 | 16 - 24 oz / hour |
| ≥ 96 | Normal | 40 | 24 - 32 oz / hour |

If you are performing heavy or excessive work you will need to increase your hydration level and take more frequent water breaks.

People with a history of renal insufficiency or congestive heart failure need to be cautious of over hydrating.

| | Feels Like Temperature | Hydration Target |
|-------------------------|------------------------|------------------|
| Beginning of Shift/Task | | |
| Middle of Shift/Task | | |
| End of Shift/Task | | |

